

Case Number:	CM13-0009445		
Date Assigned:	10/11/2013	Date of Injury:	11/02/2012
Decision Date:	04/03/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	08/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 31-year-old male with a date of injury of 11/02/2012. The listed diagnoses per [REDACTED] dated 06/13/2013 are: (1) Chondromalacia of patella, bilateral knees, left knee confirmed on MRI scan, (2) Mild subluxation of patella, bilateral knees. According to report dated 06/13/2013 by [REDACTED], patient presents with ongoing discomfort in his bilateral knees. It was noted he continues to have pain with walking, standing, prolonged weight-bearing activity, and walking up and down stairs. Physical examination noted "unchanged." There are no prior progress reports provided for review. The treating physician is requesting additional 8 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

ADDITIONAL EIGHT (8) PHYSICAL THERAPY SESSIONS FOR BOTH KNEES.:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)/ Treatment in Workers' Comp (TWC) Integrated Treatment/Disability Duration Guidelines, Knee & Leg (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: This employee presents with ongoing discomfort in the bilateral knees. The treating physician is requesting for 8 additional physical therapy sessions. For physical therapy medicine, the MTUS Guidelines page 98 and 99 recommend for myalgia and myositis type symptoms 9 to 10 visits over 8 weeks. In this case, there is 1 progress report provided for review dated 06/13/2013. There are no physical therapy reports; therefore, it is unclear as to the exact number of physical therapy sessions this patient has received thus far. However, utilization review dated 07/17/2013 indicates that the patient has completed 8 physical therapy sessions dating from 04/13/2013 to 06/17/2013. The treating physician's request for 8 additional sessions exceeds what is recommended by the MTUS Guidelines. Recommendation is for denial.